NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 827 DOVER, DE

POSTAGE WILL BE PAID BY ADDRESSEE

THE ACCOMMODATION PROGRAM
P.O. BOX 8073
DOVER DE 19905-9911

2061037234

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Food Area

❑ Yes, I'd like to participate in The Accommodation Program and display the accommodation symbol. Please send me FREE information and program materials.

❑ Yes, by checking the box and signing below, I authorize the use of my establishment's name in promotional materials and advertising, identifying it as a participant of The Accommodation Program.

Signature_____

❑ At this time, I am interested in learning more about The Accommodation Program and what it has to offer my business. Please send me more information.

Your Name (please print clearly)

Your Title

Business Name

(Check all that apply)

❑ Restaurant ❑ Fine Dining ❑ Midscale ❑ Quick Service

❑ Hotel ❑ Bowling Center ❑ Bar/Tavern ❑ Shopping Mall ❑ Stadium/Arena ❑ Casino ❑ Airport ❑ Association

❑ Other (please specify)

❑ Chain Operator ❑ Local ❑ Regional ❑ National

❑ Independent Operator

Number of Locations_____

2061037235

Business Address City State Zip

Phone Fax

TP489

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